

Foundation Review

RE: Bridge Carrying _____ over _____
Structure No.: _____
Construction Project No.: _____
Des. No. _____

It is recommended that the following foundation(s) be used for the above structure:

Support	1	2	3	4
Type*				
Size				
Design Load				
Ultimate Load				
Minimum Pile Tip Elevation (Ft. or m.)				
Use Pile Tip (Y or N)				
Bottom of Footing Elevation				
Top of Footing Elevation				

* If the structure is on piles, attach the "Pile Loading for Geotechnical Testing" chart.

Other: _____

Respectfully submitted,

Date: _____

Name of Designer
Name of Consulting Firm (If applicable)

Date: _____

Approved by: _____
Geotechnical Engineer

Date: _____

Reviewed by: _____
INDOT Project Manager
(Reviewer for in-house projects)

Date: _____

Reviewed by: _____
INDOT Development Section Manager